

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41190
1871
Registrar's No.

Registration District No. 1002

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution H.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community 15 years years, months or days)

3. (a) PRINT

FULL NAME William Hoffman

3. (b) If veteran, name war none 3. (c) Social Security No. 48-7-03-1585

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Catherine Hoffmann 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased August 27th 1884
(Month) (Day) (Year)

8. AGE: Years 57 Months 4 Days 1 If less than one day hr. min.

9. Birthplace Westphalia, Prussia (City, town, or county) (State or foreign country)

10. Usual occupation Rubber Dept Store

11. Industry or business Retail Dept Store

12. Name Nicholas Hoffman

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Mary Lemmerth

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Austine Hoffman

(b) Address 2705 Holmes 1 city

17. (a) Burial (b) Date thereof 12-31-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Melody McIlroy

(b) Address K.C. Mo.

19. (a) Dec. 30 1941 (b) M. M. Grone
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
932 Paseo
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28th
year 1941 hour 3 minute 20 P. M.

21. I hereby certify that I attended the deceased from 12-23-41, 19, to 12-28-41, 19;
that I last saw him alive on 12-28-41, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death
ACUTE AND CHRONIC CORONARY OCCLUSION
WITH DILATATION OF HEART

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

See above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Dr. R. P. Horn (M. D. or other)

Address Med. Dir. K.C. Gen. Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. 267
working under my personal supervision.

Signed.....

Licensed Embalmer No. 2999

P. O. Address..... Kansas City Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.